

## TENNESSEE DEPARTMENT OF REVENUE TAXPAYER AND VEHICLE SERVICES DIVISION MOTOR CARRIER SECTION

## POWER OF ATTORNEY FOR MOTOR CARRIER

Date					
I hereby appoint	Name				
of					
(Street Address)	(City)		(State)	(Zip Code)	
Phone:		E-mail			
as my attorney in fact vehicle described here	to sign my name to all applicable doo in:	cumentation relative	e to any title or registration	n transaction for the	
Make		VIN			
Model	Body Type		Year		
	Check the appropriate box for each transaction requested:  Application for Title and Registration T.C.A. 55-3-101, et seq.				
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	International Registration Plan Ap Schedule A Schedu	•	ng T.C.A. 55-4-121 nedule C		
	Owners Authorization to be Issue				
Signature of Owner			Owner's E-mail		
Owner's Address					
Owner's Telephone Nu	umber				
STATE OF TENNESS	SEE				
County of					
Personally ap	peared before me, the undersigned au	thority,		,	
	ctorily proven) to be the person subscrited for the purpose therein contained.	bed to the within ins	strument who acknowledge	ed that the foregoing	
My commission expire	es:		(Notary Pub	olic)	

NOTE: Dealers must use secured Power of Attorney (RV-F1316901) when transferring ownership for vehicles ten (10) years or newer, if the certificate of title is lost or held by the lien holder per Truth in Mileage Act USC Code. This document is void if any information has been left blank or if any information entered hereon has been erased or altered by any means.